

WFee  
Only

PTO/SB/22 (08-03)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) 373722002400								
<table border="1"> <tr> <td colspan="2">In re Application of Anthony TICKNOR et al.</td> </tr> <tr> <td>Application Number 10/088,885</td> <td>Filed February 27, 2002</td> </tr> <tr> <td colspan="2">For: MICROFLUIDIC CONTROL FOR WAVEGUIDE OPTICAL SWITCHES, VARIABLE ATTENUATORS, AND OTHER OPTICAL DEVICES</td> </tr> <tr> <td>Art Unit 2874</td> <td>Examiner K. Wood</td> </tr> </table>			In re Application of Anthony TICKNOR et al.		Application Number 10/088,885	Filed February 27, 2002	For: MICROFLUIDIC CONTROL FOR WAVEGUIDE OPTICAL SWITCHES, VARIABLE ATTENUATORS, AND OTHER OPTICAL DEVICES		Art Unit 2874	Examiner K. Wood
In re Application of Anthony TICKNOR et al.										
Application Number 10/088,885	Filed February 27, 2002									
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Art Unit 2874	Examiner K. Wood									

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |           |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ _____  |

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the  applicant/inventor.

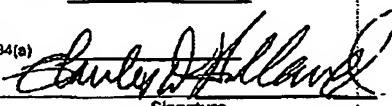
assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 35,196

attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)

April 8, 2004

Date



Signature

(650) 813-5832

Telephone Number

Charles D. Holland

Typed or printed name

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of 1 forms are submitted.

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PAGE 88 \*RCVD AT 4/8/2004 2:59:11 PM (Eastern Daylight Time)\* SVR:USPTO-EFXRF-1/1 \*DMS:8729306 \*CSID:650 813 5993 \*DURATION (mm:ss):02:40  
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